



CENTENNIAL RECREATION CENTER ADULT SPORTS

ADULT SPORTS FREE AGENT FORM

Sport/League of Choice: _____

Years of Experience: _____

If you are picked up by a team or join a team, please notify us so that we may remove your name from our adult sports free agent list.

I, the undersigned, do hereby agree to allow the Centennial Recreation Center to share my contact information with others interested in participating in adult sports and publish my e-mail address and phone number on their on-line adult sports free agent listing.

NAME(Last)_____ (First)_____

ADDRESS_____ CITY_____ ZIP_____

PHONE(Day)_____ (cell)_____

E-MAIL ADDRESS _____

Signature: _____ I.D. Verified: _____

Date: _____